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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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14 NOV 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P13000050045

1. Corporation Name

FLAVOR UPSCALE TAKEOUT, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
107 SE 10th Street	107 SE 10th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33441 Country:	Zip: 33441 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/2013

5. FEI Number: 46-3078838 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

800266829818

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Courtney Williams Asst. Vice President — REGISTERED AGENT MUST SIGN

Date: 11.24.14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Monair Raby	5877 W. Ellis Hollow Road	Lake Worth, FL 33463
S	Monair Raby	5877 W. Ellis Hollow Road	Lake Worth, FL 33463
D	Monair Raby	5877 W. Ellis Hollow Road	Lake Worth, FL 33463

10. E-mail Address: f19v_346@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] MONAIR RABY 11/20/14 9542883075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2ab 2pages

CORPORATION SERVICE COMPANY®

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000001195

REFERENCE : 365371 7941516

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 750.00

ORDER DATE : November 4, 2014

ORDER TIME : 10:08 AM

ORDER NO. : 365371-010

CUSTOMER NO: 7941516

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
14 NOV 24 AM 11:04

NAME: FLAVOR UPSCALE TAKEOUT, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____